

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">09781284</div>	FILING DATE <div style="text-align: center;">02-17-01</div>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	✓						51				
2		✓					52				
3		✓					53				
4		✓					54				
5		✓					55				
6		✓					56				
7	✓						57				
8		✓					58				
9		✓					59				
10		✓					60				
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13	✓						63				
14	✓						64				
15		✓					65				
16		✓					66				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	15						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				